## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

017377

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |                                     |                          |              |  |         | SMALL ENTITY TYPE                       |                        |        | OTHER THAN OR SMALL ENTITY |                        |
|--|--|--|-------------------------------------|--------------------------|--------------|--|---------|---|------------------------|--------|----------------------------|------------------------|
| TOTAL CLAIMS   |  |  | 24                                  |                          |              |  |         | RATE                                    | FEE                    | ]      | RATE                       | FEE                    |
| FOR  |  |  | NUMBER FILED                        |                          | NUME         | BER EXTRA                                  |         | BASIC FEE                               | 385.00                 | OR     | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |  | 2 4 mir                             | nus 20=                  | * (          | f  |         | X\$ 9=                                  |                        | OR     | X\$18=                     | 12                     |
| INE  | EPENDENT CI                                    | LAIMS  | 5 minus 3 = * 2                     |                          |              |  |         | X43=                                    |                        | OR     | X86=                       | 177-                   |
| ΜL   | ILTIPLE DEPEN                                  | NDENT CLAIM P                                  | RESENT                              |                          |              |  |         | +145=                                   |                        | OR     | +290=                      |                        |
| * If   | the difference                                 | in column 1 is                                 | less than zero, enter "0" in columr |                          |              | column 2                                   |         | TOTAL                                   |                        | OR     | TOTAL                      | 10/L-                  |
| CLAIMS AS AMENDED - PART II  |  |  |                                     |                          |              |  |         | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |        |                            |                        |
| _  | <del></del>                                    | (Column 1)                                     | (Column                             |                          |              | (Column 3)                                 | 1 r     | SWALL                                   |                        | 10 n   | SINALL                     |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT                |                                     | NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA                           |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus                               | **                       |              | =  |         | X\$ 9=                                  |                        | OR     | X\$18=                     |                        |
|  | Independent                                    | *  | Minus                               | ***                      |              | =  |         | X43=                                    |                        | OR     | X86=                       |                        |
|  | FIRST PRESE                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                     |                          |              |  |         | +145=                                   |                        | OR     | +290=                      |                        |
| <u>L</u>   |  |  |                                     |                          |              |  |         |   |                        | 1      | TOTAL                      |                        |
|  |  |  |                                     |                          |              |  |         | TOTAL<br>ADDIT. FEE                     |                        | OR     | ADDIT. FEE                 | <u> </u>               |
|  |  |  |                                     |                          |              |  |         |   |                        |        |                            |                        |
| В  |  | CLAIMS<br>REMAINING                            |                                     | HIGH                     |              | PRESENT                                    | Ιſ      |   | ADDI-                  |        |                            | ADDI-                  |
| 눌  |  | AFTER  |                                     | PREVIC                   | USLY         | EXTRA                                      |         | RATE                                    | TIONAL FEE             |        | RATE                       | TIONAL<br>FEE          |
| AMENDMENT B  |  | AMENDMENT                                      | 1.0                                 | PAID I                   | FUR          |  | 1       |   | FEE                    |        |                            | FEE                    |
|  | Total  | *  | Minus<br>Minus                      | **                       | <del></del>  | = :  | ┨╏      | X\$ 9=                                  |                        | OR     | X\$18=                     |                        |
|  | Independent                                    | dependent                                      |                                     | CLAIM                    |              | $\{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | X43=    |   | OR                     | X86=   |                            |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |  |                                     |                          |              |  | ' [     | +145=                                   |                        | OR     | +290=                      |                        |
|  |  |  |                                     |                          |              |  | L.      | TOTAL<br>DDIT. FEE                      |                        | OR     | TOTAL<br>ADDIT, FEF.       |                        |
|  |  |  |                                     |                          |              |  |         |   |                        |        |                            |                        |
| AMENDMENT C  | <b>\</b> _1                                    | (Column 1) CLAIMS                              |                                     | (Colum                   | ST           | (Column 3)                                 | lг      | ·                                       | ADDI-                  | 1      |                            | ADDI-                  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT                |                                     | NUME<br>PREVIO<br>PAID F | USLY         | PRESENT<br>EXTRA                           |         | RATE                                    | TIONAL<br>FEE          |        | RATE                       | TIONAL<br>FEE          |
|  | Total  | *  | Minus                               | **                       |              | = .  |         | X\$ 9=                                  |                        | OR     | X\$18=                     |                        |
|  | Independent                                    | *  | Minus                               | ***                      |              | =  |         | X43=                                    | -                      |        | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                     |                          |              |  | -       | 7/10-                                   |                        | OR     |                            |                        |
| A Make a selection and ten least the option in action 20 could "O" in action 2   |  |  |                                     |                          |              |  |         | +145=                                   |                        | OR     | +290=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |  |                                     |                          |              |  |         |   |                        |        |                            |                        |
|  | The "Highest Num                               | ber Previously Pai                             | d For" (Total or                    | Independe                | nt) is the   | highest numbe                              | ir four | nd in the app                           | ropriate box           | in col | umn 1.                     |                        |